

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|---|------------------------|------------------------|
| TRANSMITTAL FORM | | Application Number | 10/700,101-Conf. #2826 |
| | | Filing Date | November 3, 2003 |
| | | First Named Inventor | Christophe Ebro |
| | | Art Unit | 2193 |
| | | Examiner Name | T. D. Ingberg |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | 20910/0206098-US0 |

| ENCLOSURES (Check all that apply) | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form – Issue Fee | <input type="checkbox"/> Drawing(s) | <input checked="" type="checkbox"/> After Allowance Communication to TC – Amendment under 37 CFR §1.312 | |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | DARBY & DARBY P.C. | | |
| Signature |  | | |
| Printed name | M. David Ream | | |
| Date | January 8, 2008 | Reg. No. | 35,333 |